



ARSI

AMERICAN RECOVERY SERVICE INCORPORATED

Corporate Headquarters
555 St. Charles Drive, Suite 100
Thousand Oaks, California 91360

Phone: 805-379-8500
Fax: 805-379-8530

July 29, 2015

Creditor: American Express
Account Number: [REDACTED] 0155
Balance Due: \$13652.45
Reference Number: [REDACTED] 2000
Case No.: 427-13

This account has been assigned to our office for collection.

This notice has been sent by a collection agency. This is an attempt to collect a debt; any information obtained will be used for that purpose. Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

You may contact our office at (888) 395-2774.

Sincerely,
Chase Bryan

Web pay available online at www.arsiwebpay.com

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

* * * Detach Lower Portion and Return with Payment in the Enclosed Envelope * * *

ICU064309_ILJDG

555 St. Charles Drive, Suite 100
Thousand Oaks CA 91360-1234
CHANGE SERVICE REQUESTED



We accept VISA and MasterCard.
Please see reverse side for payment information.

July 29, 2015

647796620



Michael Campbell
PO Box 922
Miller Place NY 11764-0922

American Recovery Service Incorporated
555 St. Charles Drive, Suite 100
Thousand Oaks CA 91360-3983



ARSI Phone Number: 888-395-2774
Creditor: American Express
Account Number: [REDACTED] 0155
Balance Due: \$13652.45
Reference Number: [REDACTED] 2000
Case No.: [REDACTED] 27-13

CONSUMER NOTICES

This has been sent to you by a collection agency. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

ADDITIONAL NOTICES

CALIFORNIA ONLY: The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov.

FOR COLORADO RESIDENTS ONLY: A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt. FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE WWW.COLORADOATTORNEYGENERAL.GOV/CA.

Our Colorado office is located at: 700 Seventeenth Street, Ste. 200, Denver, Colorado. The phone number is 866-436-4766.

MAINE: Our operating hours are weekdays from 7:00 a.m. to 4:00 p.m. Pacific Time. Phone: 888-395-2774.

MASSACHUSETTS: NOTICE OF IMPORTANT RIGHTS

You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten days unless you provide written confirmation of the request postmarked or delivered within seven days of such request. You may terminate this request by writing to the debt collector. You may contact our agency weekdays between the hours of 7 a.m. and 4 p.m. Pacific Time. Phone: 888-395-2774.

MINNESOTA: This collection agency is licensed by the Minnesota Department of Commerce.

NEW YORK CITY: New York City Department of Consumer Affairs License Number: 1254627.

NEW YORK STATE: Debt collectors, in accordance with the federal Fair Debt Collection Practices Act, 15 U.S.C. § 1692, are prohibited from engaging in abusive, deceptive, and unfair debt collection efforts, including but not limited to:

- (1) the use or threat of violence;
- (2) the use of obscene or profane language; and
- (3) repeated phone calls made with the intent to annoy, abuse, or harass.

If a creditor or debt collector receives a money judgment against you in court, state and federal laws may prevent the following types of income from being taken to pay the debt:

1. Supplemental security income, (SSI);
2. Social Security;
3. Public Assistance (welfare);
4. Spousal support, maintenance (alimony) or child support;
5. Unemployment benefits;
6. Disability benefits;
7. Workers' compensation benefits;
8. Public or private pensions;
9. Veterans' benefits;
10. Federal student loans, federal student grants, and federal work study funds; and
11. Ninety percent of your wages or salary earned in the last sixty days.

NORTH CAROLINA: This collection agency is licensed by the North Carolina Collection Agency Board, permit number 3356.

TENNESSEE: This collection agency is licensed by the Collection Service Board of the Department of Commerce and Insurance.

WISCONSIN: This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfl.org.

Please enter the requested information in the spaces provided below:

EMPLOYER:	TELEPHONE:	EXT:
ADDRESS:	CITY	STATE ZIP

We Accept VISA and MasterCard

To make payment by credit or debit card, please complete the information below and return in the enclosed envelope.

The 3-digit ID number is located on the reverse side of your card.*

Account Number	* ID Number	Payment Amount	Expiration Date
	---	\$	/
Cardholder Name		Signature of Cardholder	
Cardholder Street Address		City	State Zip
Phone number for verification of information if necessary: () -			